

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

Suite 700

☐Check if different
than previously
reported. (ACC)

Washington

DC

20004

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00106146

3. IS THIS
REPORT☒NEW
(N)**OR**☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☒

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2007

through

07

31

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms. Melinda Hatton

Signature of Treasurer

Electronically Filed by Ms. Melinda Hatton

Date

08

17

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1		1038787.58
(b) Cash on Hand at Beginning of Reporting Period	801023.18	
(c) Total Receipts (from Line 19)	139271.44	608202.60
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	940294.62	1646990.18
7. Total Disbursements (from Line 31)	78005.65	784701.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	862288.97	862288.97
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	7	3	1	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	59358.51	210017.41
(i) Itemized (use Schedule A)		
(ii) Unitemized	35079.90	121144.84
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	94438.41	331162.25
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	6250.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	94438.41	337412.25
12. Transfers From Affiliated/Other Party Committees	42500.00	266400.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	2022.40	2022.40
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	310.63	2367.95
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	139271.44	608202.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	139271.44	608202.60

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	205.65	3798.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	205.65	3798.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	77800.00	780150.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	750.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	750.00
29. Other Disbursements.....	0.00	3.10
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	78005.65	784701.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	78005.65	784701.21

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	94438.41	337412.25
34. Total Contribution Refunds (from Line 28(d))	0.00	750.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	94438.41	336662.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	205.65	3798.11
37. Offsets to Operating Expenditures (from Line 15, page 3)	2022.40	2022.40
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-1816.75	1775.71

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 101

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

MacWilliams, Robinson & Partners Inc.

Mailing Address 1660 L Street, NW

City State Zip Code
 Washington DC 20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2022.40

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 3 / 2 0 0 7

Transaction ID: 14337341

Amount of Each Receipt this Period

2022.40

Refund

SUBTOTAL of Receipts This Page (optional)

2022.40

TOTAL This Period (last page this line number only)

2022.40

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 101

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City State Zip Code
 Austin TX 78761-5587

FEC ID number of contributing
federal political committee. **C** C00301325

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 0 9 / 2 0 0 7

Transaction ID: 14340344

Amount of Each Receipt this Period

21000.00

Full Name (Last, First, Middle Initial)

B. Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive

City State Zip Code
 Madison WI 53725-9038

FEC ID number of contributing
federal political committee. **C** C00359455

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6600.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 8 / 2 0 0 7

Transaction ID: 14355961

Amount of Each Receipt this Period

5500.00

Full Name (Last, First, Middle Initial)

C. AZHHA Political Action Committee (Federal)

Mailing Address 2901 North Central Avenue
 Suite 900

City State Zip Code
 Phoenix AZ 85012

FEC ID number of contributing
federal political committee. **C** C00217687

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 0 / 2 0 0 7

Transaction ID: 14369078

Amount of Each Receipt this Period

16000.00

SUBTOTAL of Receipts This Page (optional)

42500.00

TOTAL This Period (last page this line number only)

42500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Kevin Roberts
Mailing Address 640 Ulukahiki Street

City State Zip Code
Kailua HI 96734-4454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Castle Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

476.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 7

Transaction ID: 14340372

Amount of Each Receipt this Period

476.00

B. Full Name (Last, First, Middle Initial)
Mr. Joseph W. Crossett
Mailing Address 411 Glendale

City State Zip Code
Liberty MO 64068-2811

FEC ID number of contributing
federal political committee.

C

Name of Employer
Liberty Hospital

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 7

Transaction ID: 14340373

Amount of Each Receipt this Period

350.00

C. Full Name (Last, First, Middle Initial)
Mr. Michael L. Graue
Mailing Address 303 Lake View Drive

City State Zip Code
Washington MO 63090-5387

FEC ID number of contributing
federal political committee.

C

Name of Employer
SSM Health Care - St. Louis

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 7

Transaction ID: 14340394

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1076.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Dr. John J. Lynch, M.D.
Mailing Address 3719 Winfield Lane, NW

City State Zip Code
Washington DC 20007-2349

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Hospital Center

Occupation
Associate Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 0 7

Transaction ID: 14347197

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. Stephen Goldstone
Mailing Address 1700 Pine Grove Ave

City State Zip Code
Colorado Springs CO 80906-2928

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Health System

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 0 7

Transaction ID: 14347823

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Dr. Robert C Keen, , Ph.D., F
Mailing Address 4539 E. 500 N.

City State Zip Code
Greenfield IN 46140-9572

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hancock Regional Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 8 / 2 0 0 7

Transaction ID: 14358235

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. James J. Myers Mailing Address 2626 Windermere Woods Drive City State Zip Code Bloomington IN 47401-5451 FEC ID number of contributing federal political committee. C Name of Employer Bloomington Hospital Occupation CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 7 Transaction ID: 14358237 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Ms. JoAnn Birdzell Mailing Address 12431 Van Buren Street City State Zip Code Crown Point IN 46307-9210 FEC ID number of contributing federal political committee. C Name of Employer St. Catherine Hospital Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 7 Transaction ID: 14358238 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Mr. Lawrence R. Ulrich Mailing Address 4655 Running Brook Terr City State Zip Code Greenwood IN 46143-9255 FEC ID number of contributing federal political committee. C Name of Employer Four County Counseling Center Occupation Executive Director and CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 375.00		Date of Receipt M M / D D / Y Y Y Y 0 7 / 1 8 / 2 0 0 7 Transaction ID: 14358239 Amount of Each Receipt this Period 375.00

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 101

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Robert S Curtis

Mailing Address 5505 W. Pineridge Road

City State Zip Code
Muncie IN 47304-3422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cardinal Health SystemOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	0	7

Transaction ID: 14358240

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr. Worthe S. Holt, M.D.

Mailing Address 9714 Gulfstream Drive

City State Zip Code
Fishers IN 46037-9726

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Vincent Hospitals and
Health ServiOccupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	0	7

Transaction ID: 14358241

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. James T. Kirkpatrick

Mailing Address 73 North Avenue

City State Zip Code
Mendon MA 01756-1015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Massachusetts Hospital As-
sociationOccupation
VP, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	0	7

Transaction ID: 14368298

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 12 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms Karen O Moore, R.N., MS

Mailing Address 164 High Street

City State Zip Code
 Greenfield MA 01301-2613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baystate Franklin Medical
Center

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 0 / 2 0 0 7

Transaction ID: 14369064

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. James H. Ross

Mailing Address 2900 West Picket Post Street

City State Zip Code
 Columbia MO 65203-9581

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Missouri He-
alth Care

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 6 / 2 0 0 7

Transaction ID: 14382222

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Mitch Leupp

Mailing Address P O Box 399

City State Zip Code
 Stanley ND 58784-0399

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mountrail County Medical
Center

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 6 / 2 0 0 7

Transaction ID: 14382253

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Pamela J Rezac

Mailing Address 501 Summit Avenue

City State Zip Code
Yankton SD 57078-3855

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avera Sacred Heart Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 7

Transaction ID: 14385601

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Ms Deb Fischer-Clemens

Mailing Address 3900 West Avera Drive

City State Zip Code
Sioux Falls SD 57108-5729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avera Health

Occupation
Director Center for Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 7

Transaction ID: 14385604

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. John T Porter

Mailing Address P O Box 38

City State Zip Code
Yankton SD 57078-0038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avera Health

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 0 7

Transaction ID: 14385605

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David R. Hewett

Mailing Address 5813 Tomar Road

City State Zip Code
 Sioux Falls SD 57108-4661

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Dakota Assoc. of He-
althcare Orga

Occupation
President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 6 / 2 0 0 7

Transaction ID: 14385610

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Fredrick Slunecka

Mailing Address P O Box 5045

City State Zip Code
 Sioux Falls SD 57117-5045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avera McKennan Hospital
and University

Occupation
Regional President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 6 / 2 0 0 7

Transaction ID: 14385616

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Thomas P Rasmusson

Mailing Address 525 North Foster

City State Zip Code
 Mitchell SD 57301-2966

FEC ID number of contributing
federal political committee.

C

Name of Employer
Avera Queen of Peace

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 6 / 2 0 0 7

Transaction ID: 14385623

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. David M. Miller		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 6 / 2 0 0 7	
Mailing Address Miller Dairy Sales, Ltd. Route 2 Box 163		Transaction ID: 14386435	
City Chariton	State IA	Zip Code 50049-9661	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Lucas County Health Center	Occupation Trustee		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Mr. Greg E. Boattenhamer		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 6 / 2 0 0 7	
Mailing Address 100 East Grand Avenue Suite 100		Transaction ID: 14386436	
City Des Moines	State IA	Zip Code 50309-1829	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Iowa Hospital Association	Occupation Sr. Vice President, Government Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) Mr. J. Kirk Norris		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 1 6 / 2 0 0 7	
Mailing Address 5055 Upper Creek Drive		Transaction ID: 14386437	
City Pleasant Hill	State IA	Zip Code 50327	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Iowa Hospital Association	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Peter W Thoreen

Mailing Address 2720 Stone Park Boulevard

City State Zip Code
 Sioux City IA 51104-3795

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Luke's Regional Medic-
al Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 6 / 2 0 0 7

Transaction ID: 14386441

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Gary S. Kahn

Mailing Address 1104 5th Avenue W.
Post Office Box 489

City State Zip Code
 Newton IA 50208-3511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Skiff Medical Center

Occupation

Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 6 / 2 0 0 7

Transaction ID: 14386442

Amount of Each Receipt this Period

550.00

Full Name (Last, First, Middle Initial)

C. Ms. Donna Katen-Bahensky

Mailing Address 200 Hawkins Drive

City State Zip Code
 Iowa City IA 52242-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Iowa Hospit-
als and Clini

Occupation

Senior Associate Vice President Medical

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 6 / 2 0 0 7

Transaction ID: 14386443

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Kimberly A Russel
Mailing Address 1111 Duff Avenue

City State Zip Code
Ames IA 50010-5745

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mary Greeley Medical Cent-
er

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 0 7

Transaction ID: 14386444

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. Ted H. Stubblefield
Mailing Address 100 North Crest Drive

City State Zip Code
Springfield TN 37172-3961

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northcrest Medical Center

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 7

Transaction ID: 14386511

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Ms. Penny Brooke
Mailing Address 36 South State Street, 22nd Fl

City State Zip Code
Salt Lake City UT 84111-1624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Intermountain Healthcare,
Inc.

Occupation
Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 7

Transaction ID: 14386516

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Debbie J. Bowen, FACHE, CAE
Mailing Address 622 Sheridan Square
Unit 3

City State Zip Code
Evanston IL 60202-4751

FEC ID number of contributing
federal political committee.

C

Name of Employer
American College of Health-
care Executives

Occupation
Executive Vice President & COP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 7 / 2 0 0 7

Transaction ID: 14386596

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Jim Ainsworth
Mailing Address 350 North Humphreys Boulevard

City State Zip Code
Memphis TN 38120-2177

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Memorial Health
Care Corporation

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 0 7

Transaction ID: 14388033

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Thomas G Bartlett, M.D.
Mailing Address 25117 Highway 15

City State Zip Code
Union MS 39365-9088

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laird Hospital

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 0 7

Transaction ID: 14388035

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Jimmy J. Blessitt Mailing Address 121 E. Baker Street City Indianola State MS Zip Code 38751-2498 FEC ID number of contributing federal political committee. C Name of Employer South Sunflower County Hospital Occupation Administrator & Chief Executive Office Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 6 / 2 0 0 7 Transaction ID: 14388040 Amount of Each Receipt this Period 300.00
B. Full Name (Last, First, Middle Initial) Ms. Mary Curtis Mailing Address PO Box 1288 City Prentiss State MS Zip Code 39474-1288 FEC ID number of contributing federal political committee. C Name of Employer Jefferson Davis Community Hospital Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 6 / 2 0 0 7 Transaction ID: 14388045 Amount of Each Receipt this Period 150.00
C. Full Name (Last, First, Middle Initial) Mr. Charles L. Denton Mailing Address 960 Avent Drive City Grenada State MS Zip Code 38901-5230 FEC ID number of contributing federal political committee. C Name of Employer Grenada Lake Medical Center Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 6 / 2 0 0 7 Transaction ID: 14388046 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 20 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. G Douglas Higginbotham

Mailing Address P O Box 607

City

Laurel

State

MS

Zip Code

39441-0607

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Central Regional Me-
dical Center

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 6 / 2 0 0 7

Transaction ID: 14388054

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Fred B Hood

Mailing Address P O Box 790

City

Pontotoc

State

MS

Zip Code

38863-0790

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Mississippi Medical
Center-Ponto

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 6 / 2 0 0 7

Transaction ID: 14388055

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Hal W Leftwich, , FACHE

Mailing Address P O Box 2790

City

Bay St Louis

State

MS

Zip Code

39521-2790

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hancock Medical Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 6 / 2 0 0 7

Transaction ID: 14388063

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Andrew Mayo
Mailing Address 5241 Boswell Road

City State Zip Code
Memphis TN 38120-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkwood Behavioral Health
System

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 0 7

Transaction ID: 14388065

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Mr. Kurt W Metzner
Mailing Address 1225 North State Street

City State Zip Code
Jackson MS 39202-2064

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mississippi Baptist Health
System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 0 7

Transaction ID: 14388068

Amount of Each Receipt this Period

800.00

C. Full Name (Last, First, Middle Initial)
Ms Barbara Prichard
Mailing Address 121 East Baker Street

City State Zip Code
Indianola MS 38751-2450

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Sunflower County Ho-
spital

Occupation
Assistant Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 0 7

Transaction ID: 14388074

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. David Putt

Mailing Address 2500 North State Street

City State Zip Code
Jackson MS 39216-4500

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Hospitals and
Clinics, Univ

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 0 7

Transaction ID: 14388075

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. Donald Smith

Mailing Address 1314 19th Avenue

City State Zip Code
Meridian MS 39301-4116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rush Foundation Hospital

Occupation
Corporate Director of HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 6 / 2 0 0 7

Transaction ID: 14388079

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Ms. Diane Gail Stewart

Mailing Address 7700 Folsom Boulevard

City State Zip Code
Sacramento CA 95826-2608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sutter Center for Psychia-
try

Occupation
Chief Administrative Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: 14421128

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael T. Rust

Mailing Address 937 Woodland Heights Drive

City State Zip Code
Louisville KY 40245-5219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kentucky Hospital Associa-
tion

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: 14421134

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. John W Bluford

Mailing Address 2301 Holmes Street

City State Zip Code
Kansas City MO 64108-2640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Truman Medical Centers

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: 14421148

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Gerard Fischer

Mailing Address 5909 West Pima Court

City State Zip Code
Spokane WA 99208-9010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sacred Heart Medical Cent-
er

Occupation
Vice President- Systems Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: 14423517

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Gary V Peck

Mailing Address P O Box 197

City State Zip Code
 Chewelah WA 99109-0197

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Joseph's Hospital

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 14423518

Amount of Each Receipt this Period

350.00

B. Full Name (Last, First, Middle Initial)

Ms. Bonnie Phipps

Mailing Address 900 Caton Avenue

City State Zip Code
 Baltimore MD 21229-5201

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Agnes HealthCare

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 3 / 2 0 0 7

Transaction ID: 14423558

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. Barbara Cook

Mailing Address 17 Jonathans Court

City State Zip Code
 Cockeysville MD 21030-1419

FEC ID number of contributing
federal political committee.

C

Name of Employer
Johns Hopkins Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 3 / 2 0 0 7

Transaction ID: 14423566

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Stephen M Erixon		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 0 7
Mailing Address 220 Windy Ridge		Transaction ID: 14423650
City Hollister	State MO	Zip Code 65672-5725
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 42.00
Name of Employer Skaggs Community Health Center	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 294.00	

B. Full Name (Last, First, Middle Initial) Mr. Dwight L. Fine		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 0 7
Mailing Address 12675 Riviera Heights Road		Transaction ID: 14423658
City Holts Summit	State MO	Zip Code 65043-2039
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 111.12
Name of Employer Missouri Hospital Association	Occupation Sr. Vice President, Health Policy	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 777.84	

C. Full Name (Last, First, Middle Initial) Mr. Marc D. Smith		Date of Receipt M M / D D / Y Y Y Y 0 7 / 2 3 / 2 0 0 7
Mailing Address 5612 Tanner Bridge Road		Transaction ID: 14423669
City Jefferson City	State MO	Zip Code 65101-8275
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 111.12
Name of Employer Missouri Hospital Association	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.72	

SUBTOTAL of Receipts This Page (optional)

264.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Larry J Unroe
Mailing Address 401 Matthew Street

City State Zip Code
Marietta OH 45750-1699

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marietta Memorial Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: 14453258

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Jeffrey Brickman
Mailing Address 333 North Madison Street

City State Zip Code
Joliet IL 60435-8200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Provena Saint Joseph Medi-
cal Center

Occupation
Chairman

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: 14453387

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Leo F Childers, FACHE
Mailing Address 605 North 12th Street

City State Zip Code
Mount Vernon IL 62864-2899

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Samaritan Regional
Health Center

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: 14453388

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Clifford L Corbett

Mailing Address 150 West High Street

City State Zip Code
Morris IL 60450-1497

FEC ID number of contributing
federal political committee.

C

Name of Employer
Morris Hospital & Health-
care Centers

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: 14453390

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr John Jurica, M.D.

Mailing Address 350 North Wall Street

City State Zip Code
Kankakee IL 60901-2901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Medical Center

Occupation
Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: 14453392

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Colleen Kannaday, FACHE

Mailing Address 12935 South Gregory Street

City State Zip Code
Blue Island IL 60406-2428

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Francis Hospital & He-
alth Center

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: 14453393

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Thomas McAfee			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 3 / 2 0 0 7	
Mailing Address 660 North Westmoreland Road			Transaction ID: 14453394	
City State Zip Code Lake Forest IL 60045-1659			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Lake Forest Hospital		Occupation Chief Executive Officer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Mr. Bruce Merrell, CHE			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 3 / 2 0 0 7	
Mailing Address 400 North Pleasant Avenue			Transaction ID: 14453396	
City State Zip Code Centralia IL 62801-3056			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer St. Mary's Hospital		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) Mr. David T Ochs			Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 3 / 2 0 0 7	
Mailing Address 2500 West Reynolds			Transaction ID: 14453397	
City State Zip Code Pontiac IL 61764-2194			Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C				
Name of Employer OSF Saint James - John W. Albrecht Med		Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Keith Allen Page

Mailing Address 6800 State Route 162

City State Zip Code
 Maryville IL 62062-8500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anderson Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 3 / 2 0 0 7

Transaction ID: 14453398

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Harry Wolin

Mailing Address P O Box 530

City State Zip Code
 Havana IL 62644-0530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mason District Hospital

Occupation
Administrator and Chief Executive Offi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 3 / 2 0 0 7

Transaction ID: 14453402

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Dennis C Millirons, CHE

Mailing Address 801 S Milwaukee Avenue

City State Zip Code
 Libertyville IL 60048-3204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Condell Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 3 / 2 0 0 7

Transaction ID: 14453404

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Elena Butkus
Mailing Address 1151 E. Warrenville Road

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: 14456953

Amount of Each Receipt this Period

375.00

B. Full Name (Last, First, Middle Initial)
Mr. Mark Deaton
Mailing Address 740 North Hayes

City State Zip Code
Oak Park IL 60302-1706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Sr. VP, General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.02

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: 14456959

Amount of Each Receipt this Period

250.02

C. Full Name (Last, First, Middle Initial)
Ms. Nancy DeMarco
Mailing Address 1151 East Warrenville Road

City State Zip Code
Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Director of Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: 14456960

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

1000.02

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Brian Foster		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 3 / 2 0 0 7	
Mailing Address 1151 E. Warrenville Rd. PO Box 3015		Transaction ID: 14456963	
City Naperville	State IL	Zip Code 60563-9339	Amount of Each Receipt this Period 250.02
FEC ID number of contributing federal political committee. C			
Name of Employer Illinois Hospital Association	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02		
B. Full Name (Last, First, Middle Initial) Ms. Ann C. Guild		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 3 / 2 0 0 7	
Mailing Address 1151 E. Warrenville Rd. PO Box 3015		Transaction ID: 14459167	
City Naperville	State IL	Zip Code 60563-9339	Amount of Each Receipt this Period 250.02
FEC ID number of contributing federal political committee. C			
Name of Employer Illinois Hospital Association	Occupation Assistant Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.02		
C. Full Name (Last, First, Middle Initial) Mr. Ed Holzhauer		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 2 3 / 2 0 0 7	
Mailing Address 1755 Maple Lane		Transaction ID: 14459171	
City Wheaton	State IL	Zip Code 60187-3317	Amount of Each Receipt this Period 358.71
FEC ID number of contributing federal political committee. C			
Name of Employer Central DuPage Hospital	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 358.71		

SUBTOTAL of Receipts This Page (optional)

858.75

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Teresa Hursey

Mailing Address 1151 East Warrenville Road

City State Zip Code
 Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Vice President, Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 3 / 2 0 0 7

Transaction ID: 14459172

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Ms. Patricia Merryweather-Arges

Mailing Address 1151 E. Warrenville Road
 PO Box 3015

City State Zip Code
 Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 3 / 2 0 0 7

Transaction ID: 14459178

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Mr. Howard A. Peters, III

Mailing Address 4109 Southwoods Road

City State Zip Code
 Springfield IL 62707-6070

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 3 / 2 0 0 7

Transaction ID: 14459181

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

1125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John J. Raleigh

Mailing Address 1141 East Warrenville Road

City State Zip Code
 Naperville IL 60563-1493

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 3 / 2 0 0 7

Transaction ID: 14459183

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Mr. Kenneth C. Robbins

Mailing Address 1531 Maria Court

City State Zip Code
 Wheaton IL 60187-3777

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 3 / 2 0 0 7

Transaction ID: 14459186

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Ms. Laraine Williams

Mailing Address 1151 East Warrenville Road

City State Zip Code
 Naperville IL 60563-9339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Hospital Associa-
tion

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 3 / 2 0 0 7

Transaction ID: 14459192

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1075.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Deana L. Nelson
Mailing Address Post Office Box 1289

City State Zip Code
Tampa FL 33601-1289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tampa General Hospital

Occupation
Sr. Vice President, Patient Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: 14459336

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Dr. J. Thomas Danzi, M.D.
Mailing Address 17807 Osprey Pointe Pl.

City State Zip Code
Tampa FL 33647-2276

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tampa General Hospital

Occupation
Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: 14459338

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Maureen Ogden
Mailing Address 3857 Lake Joyce Drive

City State Zip Code
Land O Lakes FL 34639-4698

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tampa General Hospital

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: 14459344

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Ronald A Hytoff

Mailing Address P O Box 1289

City State Zip Code
Tampa FL 33601-1289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tampa General Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: 14459346

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Mr Steven Short

Mailing Address P O Box 1289

City State Zip Code
Tampa FL 33601-1289

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tampa General Hospital

Occupation
Executive Vice President Finance and A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: 14459350

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Richard M Irwin

Mailing Address 10000 West Colonial Drive

City State Zip Code
Ocoee FL 34761-3499

FEC ID number of contributing
federal political committee.

C

Name of Employer
Health Central

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: 14459380

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. James R Nathan

Mailing Address 636 Del Prado Boulevard

City State Zip Code
 Cape Coral FL 33990-2695

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cape Coral Hospital

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 3 / 2 0 0 7

Transaction ID: 14459476

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert Simpson

Mailing Address 13270 Corbel Circle 1712

City State Zip Code
 Fort Myers FL 33907-6836

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lee Memorial Health System

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 3 / 2 0 0 7

Transaction ID: 14459478

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Doug Luckett

Mailing Address 12877 Pastures Way

City State Zip Code
 Fort Myers FL 33913-7633

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lee Memorial Health System

Occupation
Chief Administrator Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 2 3 / 2 0 0 7

Transaction ID: 14459486

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Donald L Jernigan, , Ph.D.

Mailing Address 111 North Orlando Avenue

City

Winter Park

State

FL

Zip Code

32789-3675

FEC ID number of contributing
federal political committee.

C

Name of Employer
Adventist Health System
Sunbelt Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: 14460502

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Richard K. Reiner

Mailing Address 1816 Lost Pine Lane

City

Apopka

State

FL

Zip Code

32712-3957

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Hospital

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: 14460505

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Terry Shaw

Mailing Address 111 North Orlando Avenue

City

Fort Worth

State

FL

Zip Code

32789-3675

FEC ID number of contributing
federal political committee.

C

Name of Employer
Adventist Health System
Sunbelt Health

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 7

Transaction ID: 14460508

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Mike Belbeck

Mailing Address PO Box 2529

City State Zip Code
 Oak Ridge TN 37831-2529

FEC ID number of contributing
federal political committee.

C

Name of Employer
Methodist Medical Center
of Oak Ridge

Occupation
President & Chief Administrator Office

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 14460754

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Mr. James L Brexler

Mailing Address 975 East Third Street

City State Zip Code
 Chattanooga TN 37403-2163

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erlanger Medical Center

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 14460755

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

Ms. Ruth W Brinkley

Mailing Address 2525 De Sales Avenue

City State Zip Code
 Chattanooga TN 37404-1102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Health Care System

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 14460756

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Charlotte Burns Mailing Address 935 Wayne Road City Savannah State TN Zip Code 38372-1937 FEC ID number of contributing federal political committee. C Name of Employer Hardin Medical Center Occupation Administrator and Chief Executive Offi Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 0 / 2 0 0 7 Transaction ID: 14460757 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Ms. Linda Crawford Mailing Address 142 West 5th Street City Cookeville State TN Zip Code 38501-1760 FEC ID number of contributing federal political committee. C Name of Employer Cookeville Regional Medic- al Center Occupation Assistant Administrator, Nursing Servi Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 0 / 2 0 0 7 Transaction ID: 14460758 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Mr Greg Duckett Mailing Address 350 North Humphreys Boulevard City Memphis State TN Zip Code 38120-2177 FEC ID number of contributing federal political committee. C Name of Employer Baptist Memorial Health Care Corporati Occupation Senior Vice President/ Corporate Couns Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 0 / 2 0 0 7 Transaction ID: 14460759 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Michael Huggins Mailing Address 500 Interstate Boulevard South City State Zip Code Nashville TN 37210-4634 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 0 / 2 0 0 7 Transaction ID: 14460760 Amount of Each Receipt this Period 500.00
Name of Employer Tennessee Hospital Association Occupation Executive Vice President & COO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		
B. Full Name (Last, First, Middle Initial) Mr. Bill Little Mailing Address 142 West Fifth Street City State Zip Code Cookeville TN 38501 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 0 / 2 0 0 7 Transaction ID: 14460761 Amount of Each Receipt this Period 500.00
Name of Employer Cookeville Regional Medical Center Occupation Chief Operating Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		
C. Full Name (Last, First, Middle Initial) Mr. Bernard L Mattingly Mailing Address P O Box 340 City State Zip Code Cookeville TN 38503-0340 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 0 / 2 0 0 7 Transaction ID: 14460762 Amount of Each Receipt this Period 250.00
Name of Employer Cookeville Regional Medical Center Occupation Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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FOR LINE NUMBER: PAGE 41 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. James L McMackin

Mailing Address 421 South Main Street

City State Zip Code
 Crossville TN 38555-5031

FEC ID number of contributing federal political committee.

C

Name of Employer
Cumberland Medical CenterOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 14460763

Amount of Each Receipt this Period

1000.00

B. Full Name (Last, First, Middle Initial)

Mr. John W Melton

Mailing Address 400 North State of Franklin Rd

City State Zip Code
 Johnson City TN 37604-6035

FEC ID number of contributing federal political committee.

C

Name of Employer
Johnson City Medical CenterOccupation
Senior Vice President Operations and C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 14460764

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Mr. Kem Mullins

Mailing Address 2986 Kate Bond Road

City State Zip Code
 Bartlett TN 38133-4003

FEC ID number of contributing federal political committee.

C

Name of Employer
Saint Francis Hospital-BartlettOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 14460765

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Anthony Oliva

Mailing Address PO Box 238

City State Zip Code
 Kingsport TN 37662-0238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wellmont Holston Valley
Medical Center

Occupation
Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 14460766

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Charles H Whitfield

Mailing Address 1420 Tusculum Boulevard

City State Zip Code
 Greeneville TN 37745-5825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laughlin Memorial Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 14460767

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ms. Kimberly A. Keiser

Mailing Address 2237 Bryden Road

City State Zip Code
 Bexley OH 43209-1612

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 14460979

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Scott C Malaney
Mailing Address 145 West Wallace Street

City State Zip Code
Findlay OH 45840-1299

FEC ID number of contributing
federal political committee.

C

Name of Employer
Blanchard Valley Health
Association

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: 14460980

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Winfield Brown
Mailing Address 49 Village View Road

City State Zip Code
Westford MA 01886-2359

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lowell General Hospital

Occupation
Vice President, Administration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: 14460991

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Peter J. Zarrilla
Mailing Address 6 Bates Lane

City State Zip Code
Westford MA 01886-2523

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lowell General Hospital

Occupation
Vice President, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: 14460992

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Richard Jeffcote

Mailing Address 295 Varnum Avenue

City State Zip Code
 Lowell MA 01854-2195

FEC ID number of contributing federal political committee.

C

Name of Employer
Lowell General HospitalOccupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 14460993

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Ms. Amy J. Hoey

Mailing Address 295 Varnum Avenue

City State Zip Code
 Lowell MA 01854-2134

FEC ID number of contributing federal political committee.

C

Name of Employer
Lowell General HospitalOccupation
Vice President Patient Care

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 14460994

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Mr. Normand E Deschene, , FACHE

Mailing Address 295 Varnum Avenue

City State Zip Code
 Lowell MA 01854-2134

FEC ID number of contributing federal political committee.

C

Name of Employer
Lowell General HospitalOccupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 14460995

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 101

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Joseph White, III

Mailing Address 10 Lakeside Terrace

City State Zip Code
Westford MA 01886-1392

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lowell General HospitalOccupation
Executive Vice President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	7

Transaction ID: 14460996

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Joseph M. Letnaunchyn

Mailing Address 100 Association Drive

City State Zip Code
Charleston WV 25311-1217

FEC ID number of contributing
federal political committee.

C

Name of Employer
West Virginia Hospital As-
sociationOccupation
President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	7

Transaction ID: 14461276

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Wayne B. Griffith

Mailing Address P.O. Box 901

City State Zip Code
Princeton WV 24740-0901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Princeton Community Hospi-
talOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	7

Transaction ID: 14461278

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. John Sicurella
Mailing Address 13 Zitko Terrace

City State Zip Code
Glen Dale WV 26038-1335

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reynolds Memorial Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: 14461279

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Dr. Ali Rahimian, MD
Mailing Address 114 Allison Avenue

City State Zip Code
Bridgeport WV 26330-2502

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Hospital Center

Occupation
Director, Obstetrics & Gynecology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: 14461280

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Dr. Howard Neiberg, M.D.
Mailing Address 1388 National Road #3

City State Zip Code
Wheeling WV 26003-5715

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reynolds Memorial Hospital

Occupation
Director, Radiology Department

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: 14461281

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. John C Forester

Mailing Address 151 Windwood Drive

City State Zip Code
Morgantown WV 26505-2493

FEC ID number of contributing federal political committee.

C

Name of Employer
HEALTHSOUTH MountainView
Regional Reha

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: 14461284

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Ms. Karen L Bowling

Mailing Address 127 Orlando Street

City State Zip Code
Beckley WV 25801-8792

FEC ID number of contributing federal political committee.

C

Name of Employer
Raleigh General Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: 14461285

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Mr. Dan Lauffer, , FACHE

Mailing Address 1039 Pendleton Place

City State Zip Code
Hurricane WV 25526-9484

FEC ID number of contributing federal political committee.

C

Name of Employer
Saint Francis Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 7

Transaction ID: 14461286

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr Thomas P Glynn, , Ph.D.

Mailing Address 800 Boylston Street, Ste 1150

City State Zip Code
 Boston MA 02199-8001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Partners HealthCare System, Inc.

Occupation
Administraror, Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 1 / 2 0 0 7

Transaction ID: 14461345

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Mark J Howard

Mailing Address 3100 North Tenaya Way

City State Zip Code
 Las Vegas NV 89128-0436

FEC ID number of contributing
federal political committee.

C

Name of Employer
MountainView Hospital

Occupation
President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 1 / 2 0 0 7

Transaction ID: 14461351

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Ing-Jye Cheng

Mailing Address 6820 Deerpath Road

City State Zip Code
 Elkridge MD 21075-6200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maryland Hospital Association

Occupation
Director of Health Care Finance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 1 / 2 0 0 7

Transaction ID: 14461389

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms Susan Bichel		Date of Receipt M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 7
Mailing Address 701 Grove Road		Transaction ID: 14465173
City Greenville	State SC	Zip Code 29605-4211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Greenville Hospital System	Occupation Vice President Financial Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Mr. Joe Blake		Date of Receipt M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 7
Mailing Address 209 Babbs Holw		Transaction ID: 14465174
City Greenville	State SC	Zip Code 29607-3747
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Greenville Hospital System	Occupation VP of Legal Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Ms. Rebecca T Brewer, , FACHE		Date of Receipt M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 7
Mailing Address 501 Robertson Boulevard		Transaction ID: 14465175
City Walterboro	State SC	Zip Code 29488-5714
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Colleton Medical Center	Occupation Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 101

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Joe Chandler Mailing Address 1511 Ninety Six Highway City State Zip Code Ninety Six SC 29666-9261 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 7 Transaction ID: 14465176 Amount of Each Receipt this Period 250.00
Name of Employer Self Regional Healthcare Occupation Trustee Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Dr. Venna Chandler Mailing Address 300 Ryans Run Court City State Zip Code Greenville SC 29615-6056 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 7 Transaction ID: 14465177 Amount of Each Receipt this Period 300.00
Name of Employer AnMed Health Medical Center Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		
C. Full Name (Last, First, Middle Initial) Mr. Philip A Clayton Mailing Address P O Box 829 City State Zip Code Conway SC 29528-0829 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 0 7 Transaction ID: 14465178 Amount of Each Receipt this Period 250.00
Name of Employer Conway Medical Center Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr Howell Clyborne
Mailing Address 701 Grove Road

City State Zip Code
Greenville SC 29605-4211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Hospital System

Occupation
Vice President Community and Government

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 31 2007

Transaction ID: 14465179

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Richard E D'Alberto, , FACHE
Mailing Address P O Box 976

City State Zip Code
Clinton SC 29325-0976

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laurens County Healthcare
System

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 31 2007

Transaction ID: 14465180

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Douglas Dorman
Mailing Address 701 Grove Road

City State Zip Code
Greenville SC 29605-5611

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Hospital System

Occupation
VP Hum Res & Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 31 2007

Transaction ID: 14465181

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. J Larry Dozier, , FACHE

Mailing Address P O Box 620

City State Zip Code
 Winnsboro SC 29180-0620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairfield Memorial Hospital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 1 / 2 0 0 7

Transaction ID: 14465182

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Ms Doran Dunaway

Mailing Address 701 Grove Road

City State Zip Code
 Greenville SC 29605-4211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Hospital System

Occupation
Vice President Information and Techno

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 1 / 2 0 0 7

Transaction ID: 14465183

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Rev Terence K Fleming

Mailing Address PO Box 357

City State Zip Code
 Folly Beach SC 29439-0357

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roper Hospital

Occupation
VP for Mission

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 1 / 2 0 0 7

Transaction ID: 14465184

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Howard Harrison		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 1 / 2 0 0 7
Mailing Address 316 Calhoun Street		Transaction ID: 14465185
City Charleston	State SC	Zip Code 29401-1113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Roper Hospital	Occupation VP, Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Ms. Lisa Irvin		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 1 / 2 0 0 7
Mailing Address 159 Harbour Watch Way		Transaction ID: 14465186
City Mount Pleasant	State SC	Zip Code 29464-2827
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Roper Hospital	Occupation VP of Nursing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Ms. Ellen Jackson		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 1 / 2 0 0 7
Mailing Address 316 Calhoun Street		Transaction ID: 14465187
City Charleston	State SC	Zip Code 29401-1113
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Roper Hospital	Occupation VP, Managed Care & Physician Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr Bret Johnson Mailing Address 316 Calhoun Street City Charleston State SC Zip Code 29401-1113 FEC ID number of contributing federal political committee. C Name of Employer Roper Hospital Occupation Chief Financial Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 1 / 2 0 0 7 Transaction ID: 14465188 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Mr Fred L Latham Mailing Address 1325 Spring Street City Greenwood State SC Zip Code 29646-3860 FEC ID number of contributing federal political committee. C Name of Employer Self Regional Healthcare Occupation Executive Vice President and Chief Ope Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 1 / 2 0 0 7 Transaction ID: 14465189 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Mr. David T Lewis Mailing Address 809 Bridgetown Pass City Mt Pleasant State SC Zip Code 29464-8330 FEC ID number of contributing federal political committee. C Name of Employer Roper Hospital Occupation Vice President/General Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 1 / 2 0 0 7 Transaction ID: 14465190 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Gregg Martin
Mailing Address 2252 Rolling Hill Lane

City State Zip Code
Sumter SC 29150-1934

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tuomey Healthcare System

Occupation
Senior Vice President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
07 31 2007

Transaction ID: 14465191

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr Jerry A Parrish
Mailing Address 800 North Fant Street

City State Zip Code
Anderson SC 29621-5793

FEC ID number of contributing
federal political committee.

C

Name of Employer
AnMed Health Medical Center

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
07 31 2007

Transaction ID: 14465192

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. George Rikard
Mailing Address 26 English Street

City State Zip Code
Sumter SC 29150-3212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tuomey Healthcare System

Occupation
Corporate Compliance Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
07 31 2007

Transaction ID: 14465193

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 101

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Greg Rusnak

Mailing Address 701 Grove Road

City State Zip Code
Greenville SC 29605-4211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Memorial Hospi-
talOccupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	7

Transaction ID: 14465194

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)
Mr. Francis M. Sauvageau

Mailing Address 4815 National Drive

City State Zip Code
Myrtle Beach SC 29579-7214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lighthouse Care Center of
ConwayOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	7

Transaction ID: 14465195

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Mr. Matthew J Severance

Mailing Address 316 Calhoun Street

City State Zip Code
Charleston SC 29401-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roper HospitalOccupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	0	7

Transaction ID: 14465196

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr Steven D Shapiro, M.D.

Mailing Address 316 Calhoun Street

City

Charleston

State

SC

Zip Code

29401-1113

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roper Hospital

Occupation

Vice President for Medical Affairs

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 7

Transaction ID: 14465197

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Lieutenant Michael Taylor

Mailing Address 316 Calhoun Street

City

Charleston

State

SC

Zip Code

29401-1125

FEC ID number of contributing
federal political committee.

C

Name of Employer
Roper Hospital

Occupation

Chief Information Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 7

Transaction ID: 14465198

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Jeanne L Ward

Mailing Address 298 Memorial Drive

City

Seneca

State

SC

Zip Code

29672-9499

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oconee Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 7

Transaction ID: 14465199

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. David L. Dunlap, FACHE Mailing Address 125 Doughty Street Suite 760 City Charleston State SC Zip Code 29403-5736 FEC ID number of contributing federal political committee. C Name of Employer Roper Hospital Occupation President and Chief Executive Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 1 / 2 0 0 7 Transaction ID: 14465200 Amount of Each Receipt this Period 1000.00
B. Full Name (Last, First, Middle Initial) Mr. Edmond R. Jordan Mailing Address 201 Graylyn Drive City Anderson State SC Zip Code 29621-1985 FEC ID number of contributing federal political committee. C Name of Employer AnMed Health Medical Center Occupation Director of Urgent Care Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 1 / 2 0 0 7 Transaction ID: 14465201 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Mr. John A Miller, FACHE Mailing Address 800 North Fant Street City Anderson State SC Zip Code 29621-5793 FEC ID number of contributing federal political committee. C Name of Employer AnMed Health Medical Center Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 750.00		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 1 / 2 0 0 7 Transaction ID: 14465202 Amount of Each Receipt this Period 750.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael C. Riordan

Mailing Address 4 White Crescent Lane

City State Zip Code
 Simpsonville SC 29681-3614

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Hospital System

Occupation
President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 1 / 2 0 0 7

Transaction ID: 14465203

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Stuart Smith

Mailing Address 169 Ashley Avenue

City State Zip Code
 Charleston SC 29403-5836

FEC ID number of contributing
federal political committee.

C

Name of Employer
MUSC Medical Center of Me-
dical Univers

Occupation
Vice President Clinical Operations and

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 1 / 2 0 0 7

Transaction ID: 14465204

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Charles Johnston

Mailing Address Box 368

City State Zip Code
 Pauls Valley OK 73075-0368

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pauls Valley General Hosp-
ital

Occupation
Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 1 9 / 2 0 0 7

Transaction ID: 14470472

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Kevin M. Pitzer

Mailing Address 4187 Houkom Court

City State Zip Code
 Fargo ND 58104-6002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Innovis Health

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 7

Transaction ID: 14472063

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Katie Vaughan

Mailing Address 506 A East Howell Avenue

City State Zip Code
 Alexandria VA 22301

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID: PR1034595119360

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)

Ms. Melinda Reid Hatton

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
 Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
VP & Chief Washington Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y

Transaction ID: PR1045726219360

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

390.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Sohini Jindal

Mailing Address 325 Seventh Street, NW

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1125613619360

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Mary Meadows

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Organization of
Nurse Executi

Occupation
Director of Professional Practice

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

208.35

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1260472919360

Amount of Each Receipt this Period

27.78

P/R Deduction (\$13.89 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Alex White, Jr.

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion

Occupation
Account Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1339349919360

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

187.78

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Frances Margolin
Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Chicago

Occupation
Vice President, Operatinos HRET

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1347702719360

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Mr. Jack A. Mackay
Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Chicago

Occupation
Vice President & CIO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR1347703619360

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Linda Fishman
Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Washingt

Occupation
Vice President Federal Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327629119360

Amount of Each Receipt this Period

90.00

P/R Deduction (\$45.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

190.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Mr. Lindsay Mac Robinson

Mailing Address 107 East Lane

City State Zip Code
 Lake Barrington IL 60010-1939

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President, PMGs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327727319360

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)

Ms. Deborah F. Weiner

Mailing Address 11004 Petersborough

City State Zip Code
 Rockville MD 20852-3249

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Director, Grassroots Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327745919360

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)

Mr. Neil J. Jesuele

Mailing Address 1003 Kimberly Place

City State Zip Code
 Great Falls VA 22066-1546

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327801719360

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Pamela Austin Thompson, RN, MSN

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Organization of
Nurse Executi

Occupation
Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327812019360

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Ellen A. Pryga

Mailing Address 2401 Calvert Street, NW
Apt. 1008

City State Zip Code
Washington DC 20008-2614

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Director, Policy Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327851919360

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Executive Director, AHAPAC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR327858019360

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

210.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John F. Barry

Mailing Address One North Franklin

City State Zip Code
 Millis MA 60606-3436

FEC ID number of contributing federal political committee.

C

Name of Employer
American Hospital Association-ChicagoOccupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

521.88

Date of Receipt

M M / D D / Y Y Y Y Y
 / / / /

Transaction ID: PR327877819360

Amount of Each Receipt this Period

86.98

P/R Deduction (\$43.49 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. George F. Bergstrom

Mailing Address One North Franklin

City State Zip Code
 Chicago IL 60606-3436

FEC ID number of contributing federal political committee.

C

Name of Employer
American Hospital Association-ChicagoOccupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
 / / / /

Transaction ID: PR327895719360

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Dr. John R. Combes, M.D.

Mailing Address 1610 Tahiti Court

City State Zip Code
 Gulf Breeze FL 32563-4937

FEC ID number of contributing federal political committee.

C

Name of Employer
American Hospital Association-ChicagoOccupation
COO, Center for Healthcare Governance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 / / / /

Transaction ID: PR328006019360

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

236.98

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Richard J Umbdenstock

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328132819360

Amount of Each Receipt this Period

90.00

P/R Deduction (\$45.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Barbara Lorschbach

Mailing Address 204 South 7th Avenue

City State Zip Code
La Grange IL 60525-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328136919360

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-
Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Donna J. Melkonian

Mailing Address 5545 N. Wayne

City State Zip Code
Chicago IL 60640-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328223819360

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)

Dr. James D. Bentley, Ph.D.

Mailing Address 13106 Vingle Lane

City State Zip Code
 Silver Spring MD 20906

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Sr. Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328224919360

Amount of Each Receipt this Period

100.00

P/R Deduction (\$50.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)

Mr. Ronald O. Purcell

Mailing Address 1093 N. Faldo Way

City State Zip Code
 Eagle ID 83616-5369

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328241419360

Amount of Each Receipt this Period

55.56

P/R Deduction (\$27.78 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)

Mr. Richard J. Pollack

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
 Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328260919360

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

235.56

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Mr. Richard H. Wade Mailing Address 1221 Cavalier Road City State Zip Code Arnold MD 21012-2126 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Washingt Occupation Sr. Vice President, Communications Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328310419360 Amount of Each Receipt this Period 100.00 P/R Deduction (\$50.00 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. Stephen M. Ahnen Mailing Address 1001 N. Potomac St. City State Zip Code Arlington VA 22205-1629 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Washingt Occupation Senior Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328312719360 Amount of Each Receipt this Period 100.00 P/R Deduction (\$50.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Ms. Lori M. Schor Mailing Address 325 Seventh Street, NW Suite 700 City State Zip Code Washington DC 20004-2818 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Washingt Occupation Director, Political Action & Grassroot Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00			Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR328341819360 Amount of Each Receipt this Period 80.00 P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

280.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Carolyn Forcina
Mailing Address 200 Clover Hill Court

City State Zip Code
Yardley PA 19067-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

714.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328511819360

Amount of Each Receipt this Period

95.20

P/R Deduction (\$47.60 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Alicia N. Mitchell
Mailing Address 909 N. Madison St.

City State Zip Code
Arlington VA 22205-1655

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Washingt

Occupation
Vice President, Media Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR328512019360

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Rebecca Chickey
Mailing Address AHA
One North Franklin Street

City State Zip Code
Chicago IL 60606

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Association-Chicago

Occupation
Director, Psychiatric and Substance Abuse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR329013419360

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

185.20

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial) Ms. Robyn Cooke Mailing Address 325 Seventh Street, NW Suite 700 City Washington State DC Zip Code 20004-2818 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Washingt Occupation Senior Associate Director Executive Br Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 260.88		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR329084419360 Amount of Each Receipt this Period 43.48 P/R Deduction (\$21.74 Bi-Weekly)
B. Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese Mailing Address 500 Interstate Boulevard South City Nashville State TN Zip Code 37210-4634 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Chicago Occupation Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR329215719360 Amount of Each Receipt this Period 100.00 P/R Deduction (\$50.00 Bi-Weekly)
C. Full Name (Last, First, Middle Initial) Mr. Thomas Misfeldt Mailing Address One North Franklin City Chicago State IL Zip Code 60606-3436 FEC ID number of contributing federal political committee. C Name of Employer American Hospital Association-Chicago Occupation Associate Regional Executive Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y Transaction ID: PR330411619360 Amount of Each Receipt this Period 50.00 P/R Deduction (\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

193.48

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Paul N. Muraca

Mailing Address 4960 138th Circle West

City State Zip Code
Apple Valley MN 55124-9229

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330475419360

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Jennifer E. Mallard

Mailing Address 6109 North 9th Road

City State Zip Code
Arlington VA 22205-1609

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Sr. Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330534319360

Amount of Each Receipt this Period

50.00

P/R Deduction (\$25.00 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Eileen O'Keefe

Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Chicago

Occupation
Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330549219360

Amount of Each Receipt this Period

40.00

P/R Deduction (\$20.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

170.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Walter J. Reiter

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
V.P., Advocacy & Member Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.10

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR330776119360

Amount of Each Receipt this Period

43.48

P/R Deduction (\$21.74 Bi-
Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City State Zip Code
Alexandria VA 22301-1101

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Director Advocacy and Public Policy Op

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.58

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331304219360

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-
Weekly)

C. Full Name (Last, First, Middle Initial)
Mr. Alexander R. White, Jr.

Mailing Address PO Box 15587

City State Zip Code
Austin TX 78761-5587

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion

Occupation
Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

897.69

Date of Receipt

M M / D D / Y Y Y Y Y

Transaction ID: PR331416019360

Amount of Each Receipt this Period

120.00

P/R Deduction (\$60.00 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

201.96

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Mr. Donald May
Mailing Address 521 Great Falls Street

City State Zip Code
Falls Church VA 22046-2613

FEC ID number of contributing federal political committee.

C

Name of Employer
American Hospital Association-WashingtOccupation
Vice President, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
 M M / D D / Y Y Y Y Y

Transaction ID: PR331533219360

Amount of Each Receipt this Period

80.00

P/R Deduction (\$40.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)
Ms. Elizabeth Summy
Mailing Address One North Franklin

City State Zip Code
Chicago IL 60606-3436

FEC ID number of contributing federal political committee.

C

Name of Employer
American Hospital Association-ChicagoOccupation
Executive Director, ASHRM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.79

Date of Receipt

M M / D D / Y Y Y Y Y
 M M / D D / Y Y Y Y Y

Transaction ID: PR346168119360

Amount of Each Receipt this Period

41.66

P/R Deduction (\$20.83 Bi-Weekly)

C. Full Name (Last, First, Middle Initial)
Ms. Kristin Welsh
Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
Washington DC 20004-2818

FEC ID number of contributing federal political committee.

C

Name of Employer
American Hospital Association-WashingtOccupation
Senior Director Executive Branch Relat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

568.80

Date of Receipt

M M / D D / Y Y Y Y Y
 M M / D D / Y Y Y Y Y

Transaction ID: PR517619719360

Amount of Each Receipt this Period

78.40

P/R Deduction (\$39.20 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)

200.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 101

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A. Full Name (Last, First, Middle Initial)
Ms. Ashley B. Thompson

Mailing Address 606 South Royal Street

City State Zip Code
 Alexandria VA 22314-4142

FEC ID number of contributing
federal political committee.

C

Name of Employer
American Hospital Associa-
tion-Washingt

Occupation
Senior Associate Director, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.10

Date of Receipt

M M / D D / Y Y Y Y

Transaction ID: PR766023719360

Amount of Each Receipt this Period

38.48

P/R Deduction (\$19.24 Bi-
Weekly)

SUBTOTAL of Receipts This Page (optional)

38.48

TOTAL This Period (last page this line number only)

59358.51

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 101

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

A.

Full Name (Last, First, Middle Initial)

Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2367.95

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 1 / 2 0 0 7

Transaction ID: 14469483

Amount of Each Receipt this Period

310.63

Bank Interest

SUBTOTAL of Receipts This Page (optional)

310.63

TOTAL This Period (last page this line number only)

310.63

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address Ste. 001

City
Chicago

State
IL

Zip Code
60679

Purpose of Disbursement

Merchant Service Fee

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 14469477

Date of Disbursement

07 / 02 / 2007

Amount of Each Disbursement this Period

4.50

Merchant Service Fee

Full Name (Last, First, Middle Initial)

B. Merchant Bankcard

Mailing Address 1601 Elm Street

City
Dallas

State
TX

Zip Code
75201

Purpose of Disbursement

Merchant Service Fee

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 14469476

Date of Disbursement

07 / 02 / 2007

Amount of Each Disbursement this Period

80.00

Merchant Service Fee

Full Name (Last, First, Middle Initial)

C. American Express

Mailing Address Ste. 001

City
Chicago

State
IL

Zip Code
60679

Purpose of Disbursement

Merchant Service Fee

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 14469480

Date of Disbursement

07 / 05 / 2007

Amount of Each Disbursement this Period

1.48

Merchant Service Fee

SUBTOTAL of Disbursements This Page (optional)

85.98

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 77 / 101

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Merchant Bankcard

Mailing Address 1601 Elm Street

City
Dallas

State
TX

Zip Code
75201

Purpose of Disbursement

Merchant Service Fee

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 14469478

Date of Disbursement

07 / 05 / 2007

Amount of Each Disbursement this Period

57.85

Merchant Service Fee

Full Name (Last, First, Middle Initial)

B. Citibank, F.S.B.

Mailing Address 1400 G Street, NW

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement

Bank Fee

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: 14469481

Date of Disbursement

07 / 18 / 2007

Amount of Each Disbursement this Period

61.82

Bank Fee

SUBTOTAL of Disbursements This Page (optional)

119.67

TOTAL This Period (last page this line number only)

205.65

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 78 / 101

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Wynn For Congress

Mailing Address P. O. Box 39139

City
Washington

State
DC

Zip Code
20016

Purpose of Disbursement
Contribution

Candidate Name
Rep. Albert Russell Wynn

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 4

Transaction ID: 14388982

Date of Disbursement

07 / 03 / 2007

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Boyd For Congress

Mailing Address P.O. Box 15703

City
Tallahassee

State
FL

Zip Code
32317

Purpose of Disbursement
Contribution

Candidate Name
Rep. Allen Boyd

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 2

Transaction ID: 14388286

Date of Disbursement

07 / 03 / 2007

Amount of Each Disbursement this Period

3500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Norm Coleman For U.S. Senate

Mailing Address 1412 Energy Park Drive #11

City
Saint Paul

State
MN

Zip Code
55108

Purpose of Disbursement
Contribution

Candidate Name
Sen. Norm Coleman

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 2

Transaction ID: 14386964

Date of Disbursement

07 / 03 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Norm Coleman For U.S. Senate

Mailing Address 1412 Energy Park Drive #11

City Saint Paul State MN Zip Code 55108

Purpose of Disbursement
Contribution

Candidate Name
Sen. Norm Coleman

Office Sought: ☐ House
☒ Senate
☐ President

State: MN District: 2

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 14388282

Date of Disbursement

07 / 03 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Matsui For Congress

Mailing Address PO Box 1738

City Sacramento State CA Zip Code 95812

Purpose of Disbursement
Contribution

Candidate Name
Rep. Doris Matsui

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 5

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 14389584

Date of Disbursement

07 / 03 / 2007

Amount of Each Disbursement this Period

4000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Whitehead For Congress

Mailing Address PO Box 619

City Evans State GA Zip Code 30809

Purpose of Disbursement
Contribution

Candidate Name
Mr. James Whitehead

Office Sought: ☒ House
☐ Senate
☐ President

State: GA District: 10

Disbursement For: 2007
☐ Primary ☐ General
☒ Other (specify) ▼

Runoff

011
Category/
Type

Transaction ID: 14388291

Date of Disbursement

07 / 03 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Jerry Weller For Congress Inc.

Mailing Address P.O. Box 2368

City
Joliet

State
IL

Zip Code
60434

Purpose of Disbursement
Contribution

Candidate Name
Rep. Gerald C. Weller

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 11

Transaction ID: 14389585

Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Pryce For Congress

Mailing Address 145 E. Rich Street

City
Columbus

State
OH

Zip Code
43215

Purpose of Disbursement
Contribution

Candidate Name
Rep. Deborah Pryce

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: 14389590

Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Walden For Congress Inc.

Mailing Address PO Box 1091

City
Hood River

State
OR

Zip Code
97031

Purpose of Disbursement
Contribution

Candidate Name
Rep. Greg Walden

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 2

Transaction ID: 14389589

Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mikulski For Senate Committee

Mailing Address P O B 13147

City
Baltimore

State
MD

Zip Code
21203

Purpose of Disbursement
2010 Contribution

Candidate Name
Sen. Barbara A. Mikulski

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 1

Transaction ID: 14389593

Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

1000.00

2010 Contribution

Full Name (Last, First, Middle Initial)

B. Texans For Senator John Cornyn Inc

Mailing Address 6850 Austin Centre Blvd
Suite 180

City
Austin

State
TX

Zip Code
78731

Purpose of Disbursement
Contribution

Candidate Name
Sen. John Cornyn

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 2

Transaction ID: 14389592

Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Louie Gohmert For Congress Committee

Mailing Address PO Box 8060

City
Tyler

State
TX

Zip Code
75711

Purpose of Disbursement
Contribution

Candidate Name
Rep. Louie Gohmert

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 1

Transaction ID: 14389591

Date of Disbursement

07 / 11 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ellen Tauscher For Congress

Mailing Address 20 Park Road, Suite E
Suite E

City Burlingame State CA Zip Code 94010

Purpose of Disbursement
Contribution

Candidate Name
Rep. Ellen O. Tauscher

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 10

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14453415

Date of Disbursement

07 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Jane Harman

Mailing Address PO Box 96

City Torrance State CA Zip Code 90507

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jane Harman

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 36

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14453242

Date of Disbursement

07 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Walsh For Congress Committee

Mailing Address 306 Winkworth Parkway

City Syracuse State NY Zip Code 13215

Purpose of Disbursement
Contribution

Candidate Name
Rep. James T. Walsh

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 25

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14453252

Date of Disbursement

07 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Larson For Congress

Mailing Address 29 Ruff Circle

City
Glastonbury

State
CT

Zip Code
06033

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. John B. Larson

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: CT District: 1

Transaction ID: 14453245

Date of Disbursement

07 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City
Springfield

State
MA

Zip Code
01108

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. Richard E. Neal

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 2

Transaction ID: 14453230

Date of Disbursement

07 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Gene Green Congressional Campaign

Mailing Address PO Box 16128

City
Houston

State
TX

Zip Code
77222

Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name
Rep. Gene Green

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 29

Transaction ID: 14453244

Date of Disbursement

07 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Berkley For Congress

Mailing Address 3069 Conquista Court

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement
Contribution

Candidate Name
Rep. Shelley Berkley

Office Sought: ☒ House
☐ Senate
☐ President

State: NV District: 1

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14453226

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Lofgren For Congress

Mailing Address 50 W. San Fernando Street
Suite 350

City San Jose State CA Zip Code 95113

Purpose of Disbursement
Contribution

Candidate Name
Rep. Zoe Lofgren

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 16

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14453251

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Byron Dorgan

Mailing Address PO Box 871

City Bismarck State ND Zip Code 58502

Purpose of Disbursement
2010 Contribution

Candidate Name
Sen. Byron L. Dorgan

Office Sought: ☐ House
☒ Senate
☐ President

State: ND District: 2

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14389597

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

2010 Contribution

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. People For English

Mailing Address PO Box 1940

City
Erie

State
PA

Zip Code
16507

Purpose of Disbursement
Contribution

Candidate Name
Rep. Phil English

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 3

Transaction ID: 14453229

Date of Disbursement

07 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. People For English

Mailing Address PO Box 1940

City
Erie

State
PA

Zip Code
16507

Purpose of Disbursement
Contribution

Candidate Name
Rep. Phil English

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 3

Transaction ID: 14471697

Date of Disbursement

07 / 17 / 2007

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Elizabeth Dole Committee Inc

Mailing Address PO Box 2918

City
Raleigh

State
NC

Zip Code
27602

Purpose of Disbursement
Contribution

Candidate Name
Sen. Elizabeth Dole

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 1

Transaction ID: 14452482

Date of Disbursement

07 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Committee for a Livable Future

Mailing Address 921 SW Washington Street
Suite 470

City Portland State OR Zip Code 97205

Purpose of Disbursement
2007 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14389596

Date of Disbursement

07 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

2007 Contribution

Full Name (Last, First, Middle Initial)

B. Courtney For Congress

Mailing Address 38 Risley Road

City Vernon State CT Zip Code 06066

Purpose of Disbursement
Contribution

Candidate Name
Rep. Joseph Courtney

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: CT District: 2

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14453227

Date of Disbursement

07 / 17 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. All America PAC

Mailing Address 607 14th Street, NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
2007 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14389595

Date of Disbursement

07 / 17 / 2007

Amount of Each Disbursement this Period

500.00

2007 Contribution

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. ROYB - Rely on Your Beliefs Fund

Mailing Address 1300 Pennsylvania Avenue, NW
Suite 700

City Washington State DC Zip Code 20004

Purpose of Disbursement
2007 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14465060

Date of Disbursement

07 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

2007 Contribution

Full Name (Last, First, Middle Initial)

B. Reyes Committee, Inc., The

Mailing Address 1011 Montana Ave.

City El Paso State TX Zip Code 79901

Purpose of Disbursement
Contribution

Candidate Name
Rep. Silvestre Reyes

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 16

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14465213

Date of Disbursement

07 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Pete King For Congress Committee

Mailing Address Post Office Box 1428

City Seaford State NY Zip Code 11783

Purpose of Disbursement
Contribution

Candidate Name
Rep. Peter T. King

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 3

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: 14465216

Date of Disbursement

07 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Jim Gerlach For Congress Committee

Mailing Address PO Box 87

City
Uwchland

State
PA

Zip Code
19480

Purpose of Disbursement
Contribution

Candidate Name
Rep. James W. Gerlach

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 6

Transaction ID: 14465218

Date of Disbursement

07 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Tim Bishop For Congress

Mailing Address PO Box 437

City
Farmingville

State
NY

Zip Code
11738

Purpose of Disbursement
Contribution

Candidate Name
Rep. Timothy Bishop

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 1

Transaction ID: 14465219

Date of Disbursement

07 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Pascrell For Congress Inc.

Mailing Address P.O. Box 640

City
Totowa

State
NJ

Zip Code
07511

Purpose of Disbursement
Contribution

Candidate Name
Rep. William J. Pascrell, Jr.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 8

Transaction ID: 14453516

Date of Disbursement

07 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Pascrell For Congress Inc.

Mailing Address P.O. Box 640

City
Totowa

State
NJ

Zip Code
07511

Purpose of Disbursement
Contribution

Candidate Name
Rep. William J. Pascrell, Jr.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 8

Transaction ID: 14453523

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of John Peterson

Mailing Address 114 W. State Street
PO Box 295

City
Pleasantville

State
PA

Zip Code
16341

Purpose of Disbursement
Contribution

Candidate Name
Rep. John E. Peterson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 5

Transaction ID: 14453504

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Simpson For Congress

Mailing Address 1487 Parkway Drive

City
Blackfoot

State
ID

Zip Code
83221

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael K. Simpson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District: 2

Transaction ID: 14453380

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Stupak For Congress

Mailing Address 817 Ninth Avenue
PO Box 143

City Menominee State MI Zip Code 49858

Purpose of Disbursement
Contribution

Candidate Name
Rep. Bart Stupak

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 1

Transaction ID: 14453525

Date of Disbursement

07 / 25 / 2007

Amount of Each Disbursement this Period

600.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of Jane Harman

Mailing Address PO Box 96

City Torrance State CA Zip Code 90507

Purpose of Disbursement
Contribution

Candidate Name
Rep. Jane Harman

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 36

Transaction ID: 14453485

Date of Disbursement

07 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Spratt For Congress Committee

Mailing Address PO Box 830

City York State SC Zip Code 29745

Purpose of Disbursement
Contribution

Candidate Name
Rep. John M. Spratt, Jr.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 5

Transaction ID: 14453528

Date of Disbursement

07 / 25 / 2007

Amount of Each Disbursement this Period

3000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4600.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Pryce For Congress

Mailing Address 145 E. Rich Street

City Columbus State OH Zip Code 43215

Purpose of Disbursement
Contribution

Candidate Name
Rep. Deborah Pryce

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: 14453381

Date of Disbursement

07 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Bill Shuster For Congress

Mailing Address PO Box 27

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
Contribution

Candidate Name
Rep. William Franklin Shuster

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 9

Transaction ID: 14453383

Date of Disbursement

07 / 25 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of John Tanner

Mailing Address Post Office Box 1994

City Union City State TN Zip Code 38281

Purpose of Disbursement
Contribution

Candidate Name
Rep. John S. Tanner

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 8

Transaction ID: 14453411

Date of Disbursement

07 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends of Jim Clyburn

Mailing Address P.O. Box 12567

City Columbia State SC Zip Code 29211

Purpose of Disbursement
Contribution

Candidate Name
Rep. James E. Clyburn

Office Sought: ☒ House
☐ Senate
☐ President

State: SC District: 6

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 14453412

Date of Disbursement

07 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Alan Mollohan For Congress Committee

Mailing Address P. O. Box 1343

City Fairmont State WV Zip Code 26555

Purpose of Disbursement
Contribution

Candidate Name
Rep. Alan B. Mollohan

Office Sought: ☒ House
☐ Senate
☐ President

State: WV District: 1

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 14453413

Date of Disbursement

07 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Bob Filner For Congress

Mailing Address P.O. Box 127868

City San Diego State CA Zip Code 92112

Purpose of Disbursement
Contribution

Candidate Name
Rep. Bob Filner

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 51

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: 14453489

Date of Disbursement

07 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Hooley For Congress

Mailing Address PO Box 2050

City
Salem

State
OR

Zip Code
97308

Purpose of Disbursement
Contribution

Candidate Name
Rep. Darlene Hooley

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 5

Transaction ID: 14453515

Date of Disbursement

07 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Hulshof For Congress

Mailing Address PO Box 1621

City
Columbia

State
MO

Zip Code
65205

Purpose of Disbursement
Contribution

Candidate Name
Rep. Kenny C. Hulshof

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 9

Transaction ID: 14453410

Date of Disbursement

07 / 25 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Bennett Election Committee Inc

Mailing Address 175 South West Temple Suite 650

City
Salt Lake City

State
UT

Zip Code
84101

Purpose of Disbursement
2010 Contribution

Candidate Name
Sen. Robert F. Bennett

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District: 2

Transaction ID: 14453303

Date of Disbursement

07 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

2010 Contribution

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. National Leadership PAC

Mailing Address 635 B Pennsylvania Ave.

City
Washington

State
DC

Zip Code
20005

Purpose of Disbursement
2007 Contribution

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 14453499

Date of Disbursement

07 / 25 / 2007

Amount of Each Disbursement this Period

5000.00

2007 Contribution

Full Name (Last, First, Middle Initial)

B. Committee To Elect McHugh

Mailing Address 228 South Washington Street
Suite 115

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
Contribution

Candidate Name
Rep. John M. McHugh

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:

2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 23

Transaction ID: 14453502

Date of Disbursement

07 / 25 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Forbes For Congress

Mailing Address PO Box 15100

City
Chesapeake

State
VA

Zip Code
23328

Purpose of Disbursement
Contribution

Candidate Name
Rep. J. Randy Forbes

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:

2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 4

Transaction ID: 14453408

Date of Disbursement

07 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Pearce For Congress

Mailing Address PO Box 2696

City
Hobbs

State
NM

Zip Code
88241

Purpose of Disbursement
Contribution

Candidate Name
Rep. Stevan E. Pearce

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NM District: 2

Transaction ID: 14453409

Date of Disbursement

07 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Cathy McMorris For Congress

Mailing Address Box 137

City
Spokane

State
WA

Zip Code
99210

Purpose of Disbursement
Contribution

Candidate Name
Rep. Cathy McMorris Rodgers

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 5

Transaction ID: 14453414

Date of Disbursement

07 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Good Fund, The

Mailing Address PO Box 3404

City
Alexandria

State
VA

Zip Code
22302

Purpose of Disbursement
2007 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 14453481

Date of Disbursement

07 / 25 / 2007

Amount of Each Disbursement this Period

3000.00

2007 Contribution

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. For America's Republican Majority (FARM PAC)

Mailing Address 675 N. Washington St.
Suite 410

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
2007 Contribution

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14453257

Date of Disbursement

07 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

2007 Contribution

Full Name (Last, First, Middle Initial)

B. Heath Shuler For Congress

Mailing Address PO Box 97

City Hazelwood State NC Zip Code 28738

Purpose of Disbursement
Void 6/07 check

Candidate Name
Mr. Joseph Shuler

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NC District: 11

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14417452

Date of Disbursement

07 / 27 / 2007

Amount of Each Disbursement this Period

-1000.00

Void 6/07 check

Full Name (Last, First, Middle Initial)

C. Cantor For Congress

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement
Void of 4/07 check

Candidate Name
Rep. Eric I. Cantor

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: VA District: 7

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14452479

Date of Disbursement

07 / 30 / 2007

Amount of Each Disbursement this Period

-1000.00

Void of 4/07 check

SUBTOTAL of Disbursements This Page (optional)

-1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Glacier PAC

Mailing Address 818 Connecticut Ave., NW
Suite 1100

City Washington State DC Zip Code 20006

Purpose of Disbursement

Void of 5/07 check

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14452480

Date of Disbursement

07 / 30 / 2007

Amount of Each Disbursement this Period

-5000.00

Void of 5/07 check

Full Name (Last, First, Middle Initial)

B. People For Pete Domenici

Mailing Address Post Office Box 93656

City Albuquerque State NM Zip Code 87199

Purpose of Disbursement

Void of 2/07 check

Candidate Name

Sen. Pete V. Domenici

011

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: NM District: 1

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14452476

Date of Disbursement

07 / 30 / 2007

Amount of Each Disbursement this Period

-1000.00

Void of 2/07 check

Full Name (Last, First, Middle Initial)

C. Dave Camp For Congress 2008

Mailing Address 5915 Eastman Ave. Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement

Void of 4/07 check

Candidate Name

Rep. David Lee Camp

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: MI District: 4

Disbursement For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 14452475

Date of Disbursement

07 / 30 / 2007

Amount of Each Disbursement this Period

-1000.00

Void of 4/07 check

SUBTOTAL of Disbursements This Page (optional)

-7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Joe Pitts

Mailing Address PO Box 775

City
Unionville

State
PA

Zip Code
19375

Purpose of Disbursement
Contribution

Candidate Name
Rep. Joseph R. Pitts

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 16

Transaction ID: 14465225

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Reynolds For Congress

Mailing Address PO Box 15388
Pittsford

City
Rochester

State
NY

Zip Code
14615

Purpose of Disbursement
Contribution

Candidate Name
Rep. Thomas M. Reynolds

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 26

Transaction ID: 14465224

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Senator Carl Levin

Mailing Address 10 G Street Ne, Suite 470

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Contribution

Candidate Name
Sen. Carl Levin

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 1

Transaction ID: 14465237

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Senator Carl Levin

Mailing Address 10 G Street Ne, Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contribution

Candidate Name
Sen. Carl Levin

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 1

Transaction ID: 14465240

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Michaud For Congress

Mailing Address 213 Lisbon Street

City Lewiston State ME Zip Code 04240

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael H. Michaud

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District: 2

Transaction ID: 14465221

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Barrett For Congress

Mailing Address P.O. Box 869

City Westminster State SC Zip Code 29693

Purpose of Disbursement
Contribution

Candidate Name
Rep. J. Gresham Barrett

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 3

Transaction ID: 14465235

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mike Pence Committee

Mailing Address P. O. Box 408

City
Anderson

State
IN

Zip Code
46015

Purpose of Disbursement
Contribution

Candidate Name
Rep. Michael R. Pence

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 6

Transaction ID: 14465244

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

1200.00

Contribution

Full Name (Last, First, Middle Initial)

B. Mark Pryor For U.S. Senate

Mailing Address PO Box 2720

City
Little Rock

State
AR

Zip Code
72203

Purpose of Disbursement
Contribution

Candidate Name
Sen. Mark L. Pryor

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 2

Transaction ID: 14465236

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Citizens For Altmire

Mailing Address PO Box 1776

City
Freedom

State
PA

Zip Code
15042

Purpose of Disbursement
Contribution

Candidate Name
Mr. Jason Altmire

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 4

Transaction ID: 14465231

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

4200.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Paul Hodes For Congress

Mailing Address 26 South Main Street, #253

City
Concord

State
NH

Zip Code
03301

Purpose of Disbursement
Contribution

Candidate Name
Rep. Paul W. Hodes

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2008
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District: 2

Transaction ID: 14465220

Date of Disbursement

07 / 31 / 2007

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

77800.00